



Medicaid Enterprise
Department of Human Services

For Human Services use only:
General Letter No. 8-AP-276
Employees' Manual, Title 8
Medicaid Appendix

September 14, 2007

REMEDIAL SERVICES MANUAL TRANSMITTAL NO. 07-3

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: ***Remedial Services Manual***, Chapter III, *Provider-Specific Policies*, pages 11 and 12, revised.

Summary

This letter updates the address and fax number for submission of the remedial services implementation plan, practitioner's order, and progress notes to:

Iowa Medicaid Enterprise Medical Services Unit
PO Box 36478
Des Moines, IA 50315 Fax: 515-725-0931

The e-mail address will continue to be used for questions but not for document submissions at this time.

Date Effective

Upon receipt.

Material Superseded

Remove the following pages from Chapter III of the ***Remedial Services Manual*** and destroy them:

<u>Page</u>	<u>Date</u>
11, 12	March 1, 2007

Additional Information

The provider manual can be found at:


www.ime.state.ia.us/providers

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

Iowa Medicaid Enterprise Provider Services Unit
PO Box 36450
Des Moines, IA 50315

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to the Iowa Medicaid Enterprise Provider Services Unit.

 Medicaid Enterprise Department of Human Services	Provider and Chapter Remedial Services Chapter III. Provider-Specific Policies	Page 11
		Date August 1, 2007

- ◆ The goals and objectives are measurable and time-limited.
- ◆ The treatment results are specified.

3. Service Authorization

The remedial services provider must submit the remedial services implementation plan to the IME Medical Services unit for prior authorization. A copy of the licensed practitioner's order must also be submitted at this time, but is not prior authorized by the IME.

Submit plans and practitioners' orders:

- ◆ By mail to: Iowa Medicaid Enterprise-Medical Services Unit
PO Box 36478
Des Moines, IA 50315
- ◆ By fax to: 515-725-0931

The IME Medical Services Unit will respond (authorize, deny, or request additional information) to the plan within two business days, based on the criteria outlined under [Remedial Services Implementation Plan](#).


When the remedial services implementation plan is authorized, IME Medical Services Unit enters the plan and the number of units of services approved into the Individualized Services Information System (ISIS).

Remedial service implementation plans will be authorized for up to six months' duration. Before the authorization expires, the licensed practitioner of the healing arts may re-evaluate the member to determine if additional remedial services are medically necessary to restore functioning or to prevent deterioration.

4. Documentation

Providers must maintain the medical records for five years from the date of service as evidence that the services provided were:

- ◆ Medically necessary;
- ◆ Consistent with the diagnosis of the member's condition; and
- ◆ Consistent with professionally recognized standards of care.

 Medicaid Enterprise Department of Human Services	Provider and Chapter Remedial Services Chapter III. Provider-Specific Policies	Page 12
		Date August 1, 2007

Each page of the medical record shall contain:

- ◆ The member's full name.
- ◆ The member's date of birth.
- ◆ The member's medical assistance identification number.

a. Progress Notes

The provider's file for each Medicaid member **must** include progress notes for **each** date of service that detail specific services rendered related to the covered remedial service for which a claim is submitted to the Iowa Medicaid program.

Providers must submit the progress notes to the IME Medical Services Unit every six weeks. Submit progress notes:

- ◆ By fax to: 515-725-0931, or
- ◆ By mail to: Iowa Medicaid Enterprise-Medical Services Unit
PO Box 36478
Des Moines, IA 50315

The following items must be included in **each** progress note entry, for **each** Medicaid member, and for **each** date of service:

- ◆ The date and amount of time services were delivered, including the beginning and ending time of service delivery.
- ◆ The full name of provider agency.
- ◆ The first and last name and title of provider staff actually rendering service, as well as that person's signature.
- ◆ A description of the specific components of the Medicaid-payable remedial service being provided (using service description terminology from this manual).
- ◆ The nature of contact, relative to the Medicaid-payable service that was rendered. The progress note **must** describe what specifically was done, relative to both:
 - The goal as stated in the member's treatment plan or implementation plan **and**
 - How the remedial service provided addressed the symptoms or behaviors resulting from the member's psychological disorder.
- ◆ The place location where service was actually rendered.
- ◆ The nature, extent, and number units of the remedial service billed.